UNITED NATIONS

DP

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/139
11 April 1994

ORIGINAL: ENGLISH

First annual session 1994
6-17 June 1994, Geneva
Item 6 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Philippines
Support for a comprehensive population programme

Proposed UNFPA assistance:	$35 million of which $25 would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $10 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1994
Executing agencies:	Government of the Philippines United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agencies:	National Economic and Development Authority (NEDA) Department of Health (DOH) Commission on Population (POPCOM)

/...

Philippines

Demographic facts

Population (000)	
Total	69,257
Males	35,108
Females	34,149
Sex ratio (/100 females)	102.8
Urban	31,650
Rural	37,607
Per cent urban	45.7
Population in year 2000 (000)	76,091
Functional age groups (%)	
Young child: 0-4	13.6
Child: 5-14	24.8
Youth: 15-24	19.7
Elderly: 60+	5.3
65+	3.3
Percentage of women aged 15-49	50.7
Median age (years)	20.7
Dependency ratios: total	71.5
(/100) Aged 0-14	65.8
Aged 65+	5.7
Agricultural population density (/hectare of arable land)	3.5
Population density (/sq. km.)	231

Average annual change (000)	
Population increase	1,364
Births	1,993
Deaths	440
Net migration	-180
Annual population total (% growth)	2.07
Urban	3.42
Rural	1.01
Crude birth rate (/1000)	30.3
Crude death rate (/1000)	6.8
Net migration rate (/1000)	-2.7
Total fertility rate (/woman)	3.93
Contraceptive prevalence rate (% 15-44)	45
Gross reproduction rate (/woman)	1.91
Net reproduction rate (/woman)	1.74
Infant mortality rate (/1000)	40
Maternal mortality rate (/100,000)	93
Life expectancy at birth (years)	
Males	63.1
Females	67.0
Both sexes	65.0
GNP per capita U.S. dollars, 1991)	730

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1993. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1992 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects 1992 and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. EXECUTIVE PROGRAMME SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $35 million, of which $25 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1994, to assist the Government of the Philippines in achieving its population and development objectives. UNFPA would seek to provide the balance of $10 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The time-frame of the proposed programme coincides with that of the Philippine national population plan, 1993-1998, and with the planned programmes of other international donors. This would be UNFPA's fourth comprehensive population programme for the Philippines.

2. Formulation of the proposed programme benefited from discussions with representatives of government sectoral ministries, non-governmental organizations (NGOs), and the field offices of other United Nations organizations in the Philippines. It takes into account: (a) the national population policy; (b) the national population plan for 1993-1998; (c) the national Medium-Term Development Plan, 1993-1998; (d) the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited the country in April/May 1993 and of the Contraceptive Requirements and Logistics Management Needs mission of 1993; (e) the mid-term review conducted by UNFPA in 1992; (f) lessons learned during previous UNFPA assistance to the Philippines; and (g) the proposed programmes of other donor organizations such as the United States Agency for International Development (USAID), the World Bank, the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF).

3. The overall objective of the proposed programme is to assist the Government of the Philippines in revitalizing the national population programme in support of the objectives of the national population policy. The programme would provide assistance to expand and improve family planning motivation and service delivery coverage and to further integrate population concerns into the development planning process.

4. The specific aims of the proposed programme are to continue supporting maternal and child health and family planning (MCH/FP) activities in the four regions supported under the previous country programme and in several priority provinces designated by the Department of Health as having the greatest need. The programme would work to increase the ability of Local Government Units to manage these activities on their own, and to reach previously underserved parts of the population by a combination of information, education and communication (IEC) activities and the expanded delivery of family planning services. UNFPA would also work to consolidate the commitment of the Government and the country to population programmes and to increase national awareness of the important role that women have to play in the development process.

5. According to United Nations estimates, the population of the Philippines in 1992 was 69.2 million, with an estimated average annual growth rate of approximately 2.1 per cent for the period 1990-1995. By the year 2000 the Philippines is projected to become the thirteenth most populous country in the world, a substantial shift from its 1985 ranking of seventeenth most populous. The population growth rate has decreased slowly from a high of 2.97 per cent in 1970 to 2.35 per cent in 1990. However, there are some indications that it has increased again and will not level off until 1995. The growth rate is projected to be approximately 2.1 per cent in the year 2000. These changes in the population growth rate have resulted from a moderately decreasing fertility rate and a decelerating decline in mortality rates. The total fertility rate in 1992 was estimated to be 4 children per woman. The contraceptive prevalence rate increased from 24 per cent in 1973 to 36 per cent in 1988, of which modern artificial methods accounted for 21 per cent of the total.

6. The Commission on Population (POPCOM) was created in 1971 to set population policy and to coordinate the national population programme designed to carry out that policy. Although much progress was made during its first 10 years, the lack of political support from 1983 onwards greatly weakened not only POPCOM but the national population programme as well. The role of POPCOM was further diminished in

1989 when responsibility for administering the family planning programme was shifted to the Department of Health. POPCOM's role was limited to policy formulation, coordination, monitoring and advocacy. There are signs, however, that POPCOM may regain some of its former prominence. A bill was introduced recently in Congress to strengthen POPCOM and to make its Executive Director a Cabinet member.

7. The existing population policy, which was formulated in 1987, is still in effect and is reflected in several areas of the Medium-Term Development Plan, 1993-1998. Since the change of government in mid-1992, support for the programme, from the President downwards, has been much stronger and more open. The main opposition comes from the Catholic Church, but a recent agreement to respect freedom of conscience and to promote a programme that offers both natural and artificial methods of contraception seems to have avoided confrontation.

8. UNFPA began providing assistance to the Philippines in 1969. The first comprehensive programme was approved in 1972. The third country programme was for the period 1989-1993. It expended $23.5 million, of which $2.9 million came from multi-bilateral sources. Of the total, 77 per cent was used to support MCH/FP activities. UNFPA's support in this area was targeted at four regions and was provided equally to the Department of Health and to national NGOs. The results of the 1993 Demographic and Health Survey showed that UNFPA's four targeted regions ranked at the top in terms of contraceptive prevalence. This success, however, was hampered somewhat by the transfer of MCH/FP responsibilities from POPCOM to the Department of Health as well as by managerial weaknesses within the Department of Health. During the period of the third country programme, UNFPA also began support for women, population and development activities by assisting pilot projects in two provinces.

9. Under the proposed programme, UNFPA would once again devote the major part of resources to MCH/FP activities, spending a total of $22 million, or 63 per cent of the total amount requested. Activities would be concentrated in the four regions supported under the previous country programme and in several priority provinces designated by the Department of Health, where efforts would be made to increase the family planning capacities of Local Government Units and to make family planning more available to underserved parts of the population: high-risk women not currently practising family planning, their partners, and adolescents. UNFPA would also seek to provide a portion of the country's contraceptive needs and to expand the mix of the contraceptives available.

10. The other major areas of programme activities would be for IEC activities that would target the same underserved parts of the population mentioned in the paragraph above as a way of increasing the demand for family planning services. Significant support would also be given for population research and high-level training in order to strengthen the national consensus in favour of population programmes. Lastly, for the first time significant resources would be devoted to women, population and development activities, mainly by providing continued support to the National Commission on the Role of Filipino Women and by providing support to women's NGOs at the regional and local levels.

11. The Philippines receives a significant amount of support from other international agencies for population programmes: USAID is proposing an assistance programme of $110 million for the period 1994-1998; the World Bank is developing a Safe Motherhood and reproductive health project estimated at $100 million to begin in late 1994, and the German Government recently approved DM41 million to support community-based distribution of medical supplies and contraceptives, as well as IEC materials, in 50 medium-sized cities. During the current programme cycle, UNFPA has become the focal point for coordinating all of these activities. It is expected that this will continue during the period of the proposed programme. UNFPA would work to turn more of this coordination over to the Government of the Philippines by strengthening POPCOM's coordinating capacities as well as the managerial capacities of the Department of Health at both the central and local levels.

12. While the overall responsibility for the management of the proposed programme would be assumed by the Government, its implementation would be monitored in accordance with standard UNFPA guidelines. Additional monitoring and evaluation criteria, including the establishment of baseline data and the delineation of quantitative and qualitative indicators, would be built into projects during the formulation stage. A mid-term review would be held in 1996 to ascertain whether programme objectives were being met.

13. Recommendation. The Executive Director recommends that the Executive Board approve the proposed programme as presented below, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

II. BACKGROUND

14. According to United Nations estimates, the population of the Philippines in 1992 was 69.2 million, with an average annual growth rate of approximately 2.1 per cent for the period 1990-1995. Based on projected growth, by the year 2000 the Philippines will become the thirteenth most populous country in the world, a substantial shift from its 1985 ranking of seventeenth most populous.

15. The population growth rate decreased slowly from a high of 2.97 per cent in 1970 to 2.35 per cent in 1990. However, there are some indications that it has increased again and will not level off until 1995. The growth rate is projected to be approximately 2.1 per cent in the year 2000. These changes in the population growth rate have resulted from a moderately decreasing fertility rate and a decelerating decline in mortality rates. The total fertility rate in 1992 was estimated to be 4 children per woman.

16. The Philippine economy grew at an average annual rate of 1.3 per cent from 1965 to 1990. As a result of this low rate of growth the incidence of poverty remains high, with an estimated 41 per cent of the population living in poverty. Literacy levels are high, although they show a downward tendency. At present, literacy is estimated at over 90 per cent for both males and females. About 800,000 persons enter the job market each year, and in 1991 unemployment was estimated at 10.6 per cent and underemployment at 31.6 per cent.

17. The contraceptive prevalence rate increased from 24 per cent in 1973 to 36 per cent in 1988, of which modern artificial methods accounted for 21 per cent of the total. While general health indicators continue to improve, the health situation remains poor relative to that of neighbouring countries. This is particularly true of women of reproductive age. Maternal mortality is relatively high at an estimated 90 per 100,000 live births, with up to one quarter of these deaths attributed to complications associated with abortion. Moreover, half of all pregnant women experience some type of illness during pregnancy. Infant mortality is also relatively high at 60 per 1,000 live births, and malnutrition among children under five years of age is among the highest in Southeast Asia, according to UNICEF.

18. Environmental damage has increased during recent years. The total land area covered by natural forests has declined from 34 per cent in 1972 to less than 20 per cent at the present time, and the population living in upland, and therefore ecologically fragile, areas has reached 20 million people. Metro Manila ranks as the eighteenth largest metropolis in the world with a density of over 13,000 persons per square kilometre. Its water supply, sewerage services and air quality do not meet internationally recommended standards.

19. The Commission on Population (POPCOM) was created in 1971 to set population policy and to coordinate the national population programme designed to carry out that policy. Although much progress was made during its first 10 years, the lack of political support from 1983 onwards greatly weakened not only POPCOM but the national population programme as well. The role and status of POPCOM diminished further in 1989 as responsibility for administering the family planning programme was shifted to the Department of Health. Thereafter, POPCOM's responsibility was limited to policy formulation, coordination, monitoring and advocacy. There are signs, however, that POPCOM may regain some of its former

prominence. A bill was introduced recently in Congress to strengthen POPCOM and to make its Executive Director a Cabinet member without portfolio.

20. The existing population policy, which was formulated in 1987, is still in effect and is reflected in several areas of the Medium-Term Development Plan, 1993-1998. Since the change of government in mid-1992, support for the programme, from the President downwards, has been much stronger and more open. The main opposition to the programme comes from the Catholic Church, but a recent agreement to respect freedom of conscience and to promote a programme that offers both natural and artificial methods of contraception seems to have avoided confrontation.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

21. UNFPA began to provide assistance to the Philippines in 1969. The Governing Council subsequently approved the first UNFPA country programme in the amount of $6.9 million for the period 1972-1977 (later extended to 1979) and the second country programme in the amount of $10 million for 1980-1984 (later extended to 1988). The Council approved the third UNFPA country programme for 1989-1993 in the amount of $25 million, of which $21 million was to be from UNFPA regular resources and $4 million to be sought from other sources. At the conclusion of the programme, total expenditures amounted to approximately $23.5 million, with $2.9 million coming from multi-bilateral sources. Of the total, 77 per cent was used to support MCH/FP activities, 9 per cent was for policy formulation and 5 per cent for population IEC.

Maternal and child health and family planning

22. During the third country programme, UNFPA assistance in the area of MCH/FP was provided equally to both the Department of Health and national NGOs to support efforts to revitalize the family planning programme. Results of the mid-term evaluation of the Department of Health's family planning service delivery project, completed in February 1993, showed that UNFPA's inputs in personnel, training, computerization, equipment and supplies had significantly contributed to the strengthening of the Department's management capability. These inputs, likewise, were found to have helped increase access to quality family planning services in the four regions served by the project during the past two years. The results of the 1993 Demographic and Health Survey showed that these four regions consistently ranked among the highest in the country in terms of contraceptive prevalence. Similarly, the UNFPA-supported NGO Service Delivery Project has made some advances in strengthening the internal management capabilities of national NGOs, has expanded the outreach of family planning services and has helped to develop self-reliance through cost-recovery schemes.

23. Nevertheless, a number of major constraints, many of which arise from the transfer of the family planning programme from POPCOM to the Department of Health without adequate time for preparation, continue to hamper the implementation of the family planning programme. The mid-term evaluation report and the PRSD document both identify as continuing and formidable problem areas: (a) the unclear allocation of responsibilities for the programme within the Department of Health; (b) the generally weak regional management and monitoring capacities; (c) the inadequate financial and administrative systems of the family planning programme; and (d) the low priority given by some Local Government Units to family planning activities. The mid-term evaluation and PRSD exercise also uncovered several constraints in the non-governmental sector, including the different management structures and capabilities of the various NGOs, as well as their continuing struggle for survival and self-sustainability.

Information, education and communication

24. UNFPA assistance in this area helped the Department of Health to elaborate a conceptual framework for the family planning programme and its information, education, communication and motivation (IECM) component. The Department subsequently prepared a master plan for population IEC activities at the

national level. However, the plan, which received support from both USAID and UNFPA, was not implemented until the change of government in July 1992. Although the plan states that family planning is to be practised mainly for economic and demographic reasons, the Department of Health continues to focus on family planning as primarily a health issue. The effectiveness of the plan has also been limited somewhat by the lack of coordination between IEC activities and the availability of family planning services as well as the restrictions on IECM training for health personnel.

25. UNFPA also supported population IEC activities in the agriculture, labour and environment sectors. The main difficulty with this multisectoral approach has been ensuring that a coherent set of messages is used throughout the various service delivery and information systems. This has been made more difficult by the relative weakness and passivity of POPCOM during recent years. The mid-term evaluation of the project in the environment sector stressed the need to sustain population IEC efforts in order to reach rural households, as well as to devise a more systematic implementation strategy at the grass-roots level in order to ensure local government support.

Data collection and analysis

26. During the third country programme, UNFPA provided support for a number of population-related surveys and studies as well as limited assistance to the 1990 census. UNFPA support, along with that provided by USAID, also helped the National Statistical Office to decentralize the processing of census data and to disseminate the initial results. While such assistance has contributed both to a growing interest in the use of population data in development planning and to more rationalized and coordinated data collection efforts, there has, to date, been very limited analysis of the census data. There is also a need to devise a plan to guide the development of an information system for the national population programme as a whole, as well as to disaggregate data for use in planning at the local level.

27. Operations research has made considerable progress in recent years in response to the need to strengthen the family planning programme. The strategy of having a partnership between the researchers and programme managers in almost all stages of the research process has helped to ensure the relevance of studies to issues of programme implementation, as well as to develop a research culture among programme managers. However, there has been no such effort in the overall population programme to cover other types of research.

Population policy formulation

28. The UNFPA-supported Population and Development Planning Project implemented by the National Economic and Development Authority has made noteworthy headway in sensitizing a sizeable number of planners to the need for integrating population concerns into development planning. However, the mid-term evaluation of the project noted the need to provide further training for government officials and planners, to develop user-friendly guides for use in planning and to improve the process of integrating the national planning system with that of the line agencies in order to enhance planning at regional and local levels.

29. Moreover, the PRSD mission identified three factors that had limited the ability of planners to understand the key interactions between population and development and to incorporate population into development planning: (a) the considerable turnover of staff in concerned government agencies; (b) the lack of a critical mass of trained planners in most line agencies; and (c) the recent devolution of planned authority to the local government planners, the majority of whom have not yet received training in population and development planning. The PRSD mission also noted major gaps in the application of population and development projections in urban planning and in environmental planning and management.

Women, population and development

30. UNFPA has only recently begun to provide assistance explicitly earmarked for women, population and development activities. Such assistance has been provided primarily to NGOs and local governments, through a pilot project. There is a need to expand this effort further by supporting selected non-governmental institutions that can be motivated to add population concerns to their existing activities. At the same time, more work needs to be done with the government sector at the national and local levels to strengthen their capabilities in this area. Equally important is the need to ensure that women's concerns are appropriately reflected in all phases of all activities.

31. During the third country programme, UNFPA provided limited support to two provincial governments to initiate a pilot activity specifically addressing women's concerns. The pilot activity included training on team building, organizational skills, micro-enterprise management and family welfare. A 1992 thematic evaluation conducted by UNFPA indicated that the project had helped women to increase their income, improve their status in the family and the community, and to change their reproductive behaviour. The evaluation also found that the connection between increased income, enhanced status, and changed health and family planning practices was especially strong when income-generating efforts were complemented by training in leadership development, the promotion of gender awareness and social and economic justice, and the availability of family planning services.

Other external assistance

32. The major part of the financial resources for the Philippine population programme continues to come from external sources. For example, USAID contributed a total of approximately $116 million from 1970 through 1993 and is in the process of approving a programme of assistance for 1994-1998 in the amount of $110 million. This new cycle of USAID assistance will be used to provide support for IEC activities and for population research and data collection and analysis, as well as to provide contraceptive supplies. USAID will also increase its assistance to local governments and to NGOs in order to help them improve their capacity to deliver family planning services.

33. The World Bank recently initiated a $70 million urban health and nutrition project to provide basic health services, including family planning, to poor communities in Metro Manila, Cebu, and Cagayan de Oro. In addition, the Bank is developing a Safe Motherhood and reproductive health project, estimated at $100 million, that is expected to begin in late 1994.

34. Other contributors include the German Government, which recently approved DM41 million to support the community-based distribution of medical supplies and contraceptives, as well as IEC materials, in 50 medium-sized cities; the Japan International Cooperation Agency, which provides limited support in the form of equipment and technical assistance in one province; the International Planned Parenthood Federation, which provides assistance through its local affiliate, the Family Planning Organization of the Philippines; and the Dutch Government, which made available through its rural development assistance programme a one-time contribution to the family planning programme in the amount of $2.9 million to help defray the costs of providing contraceptive services.

IV. PROPOSED PROGRAMME 1994-1998

35. The proposed programme would focus on revitalizing and decentralizing the national population programme as a means of helping the Government of the Philippines achieve population growth and distribution that are consistent with sustainable development. Its major objectives would be to extend the coverage of the family planning programme, promote the integration of population concerns into the planning and implementation of sectoral development programmes and projects, and strengthen the capabilities of the key participating agencies.

36. In order to achieve these overall objectives, the programme would seek to: (a) broaden awareness of and support for population programmes; (b) increase the coverage and improve the quality of family planning services; (c) improve service delivery by expanding the use of national NGOs as executing agencies, especially those dealing directly with women's concerns; (d) integrate population perspectives into national, local and sectoral development plans; (e) improve the quality of population data to make them more useful for planners and programme implementers; (f) integrate gender and environmental concerns into population policies and programmes; and (g) coordinate programme implementation with other donor organizations.

37. The proposed programme would give special attention to Local Government Units, out-of school youth, economically disadvantaged women and children, underserved communities, and NGOs that focus on women and on the environment. It would emphasize national execution of programme activities. The programme would seek to make the most efficient and effective use of financial resources by emphasizing collaborative financing arrangements among donors, especially among United Nations agencies and organizations, and by seeking to generate government financial support for programme activities.

38. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14(d)); that respect for human life is basic to all human societies (para. 14(e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

Maternal and child health and family planning

39. Within the context of the Medium-Term Development Plan, which emphasizes people's unhampered access to quality basic services, the proposed programme would actively promote MCH/FP services as a way of improving the health of women and children. This health rationale for family planning has been further broadened to include women's reproductive health concerns as a means of improving the status of women and empowering them to take control over their reproductive lives.

40. Translated into specific objectives, the overall goal means: (a) increasing access to and availability of family planning information and services, particularly to remote and disadvantaged villages; (b) improving the quality of family planning services through strengthened monitoring and supervision and by better integration of family planning with MCH services; and (c) improving the managerial capabilities of the Department of Health, national NGOs and Local Government Units.

41. The Philippine Family Planning Programme (PFPP) continues to operate on the principle of non-coercion and the availability of a wide range of family planning methods. It is a national programme, mobilizing the entire health network, that provides information and services necessary for men and women of reproductive age to plan their families according to their beliefs and circumstances. A major new condition for the planning of the PFPP has emerged -- the devolution of health services from the Department of Health to the local governments.

42. Contraceptive requirements. The Demographic and Health Survey carried out in mid-1993 indicated a small improvement in the coverage of the family planning programme compared to the previous survey in 1988. Modern contraceptive methods were being used in 1993 by 25 per cent of currently married women (23 per cent previously), with female sterilization at 12 per cent (11 per cent in 1988) and oral contraceptives at 8.5 per cent (7 per cent previously). Knowledge of contraceptive methods remained at over 90 per cent for all methods, and the Government continues to be the main source of supply for 71 per cent of the women. An important finding of the survey was that 50.6 per cent of currently married women do not want any more

children, while another 18.7 per cent want to wait at least two years before having their next child. These figures confirm the large unmet need for modern methods of contraception.

43. Based on the results of the 1993 UNFPA-supported contraceptive requirements mission, the total fertility rate is expected to decrease from 4.09 children per woman to 3.37 over the period 1993-1998. The contraceptive prevalence rate is expected to rise from 40 per cent in 1993 to 50 per cent in 1998, with the number of contraceptive users increasing from 4 million to 5.7 million. It is anticipated that there will be major increases in the proportion of all couples using injectables (to 8 per cent), IUDs (to 10 per cent) and modern natural family planning methods (to 9 per cent). The share of pills (21 per cent), female sterilization (29 per cent) and condoms (2.5 per cent) will remain approximately the same. The annual quantity of condoms required for the prevention of sexually transmitted diseases (STDs) and AIDS is estimated at 93 million by the year 1998. The projected total costs required for contraceptives and for condoms for STD/AIDS prevention through the year 1998 are $45 million and $17 million, respectively.

44. Proposed activities. In order to make family planning services accessible to previously underserved populations, the proposed programme would employ a three-pronged strategy: (a) identify the main groups most in need of family planning services; (b) extend the coverage of such services to remote villages and communities; and (c) provide a wide array of family planning methods. UNFPA will work closely with the Government to ensure that the objectives and targets of the National Family Planning Programme are met and that the regions and provinces assisted by UNFPA make their expected contribution to attaining the proposed national contraceptive prevalence rate of 50 per cent. The programme would give priority attention to three main groups: high-risk women of reproductive age who are not practising family planning but who want to do so; those women's partners; and adolescents. UNFPA assistance would be used to field mobile family planning medical teams to cover remote villages and communities, as well as to upgrade hospitals in areas that had previously lost out as a result of devolution so that they can deliver basic family planning services.

45. UNFPA would expand the mix of contraceptives to include Depo Provera, Norplant subdermal implants, and the female condom; extend assistance to private groups engaged in the social marketing of contraceptives; and seek to expand access to modern natural family methods. The Fund would also encourage the more effective health-care NGOs to participate in the family planning programme, especially those active in the most disadvantaged communities, and give priority to community-based NGOs that specialize in such areas as rural development, women's issues and environmental issues, as well as to labour groups and popular organizations that have innovative ideas and use creative and promising approaches.

46. In order to improve the quality of family planning services, UNFPA would help to strengthen the monitoring and supervisory capabilities of health personnel, systematically integrate family planning and MCH services, and provide a comprehensive package of family planning services (to include, e.g., training, support IEC, and contraceptive supplies) to selected Local Government Units. Monitoring and supervision would be strengthened by training supervisory health personnel, by reviewing and improving the current system of health indicators and by installing an organized monitoring and evaluation system. Such efforts would be undertaken in those areas where UNFPA had provided substantial investments in basic family planning inputs during its third country programme.

47. In order to sustain the family planning programme over the longer term, particularly under a devolved structure, it will be essential to strengthen the institutional capabilities of the Department of Health, the Local Government Units and NGOs. The greatest need at the central level is to develop a core group of managers capable of directing and supervising the various components of the family planning programme in order to reduce the Department of Health's reliance on external institutions. The greatest need at the regional level is to upgrade the technical capabilities of the Department of Health's field offices to review and evaluate local plans and project proposals.

48. Efforts to strengthen the institutional capacity of Local Government Units would focus on building up the basic management skills of local government personnel so that these units can take over and manage the delivery of family planning information and services. The capacity building of NGOs would focus on two types of NGOs -- those that have traditionally worked in the area of family planning and those that have demonstrated new and innovative approaches to MCH/FP service delivery. The former would be helped to emphasize their respective areas of comparative advantage; the latter would be helped in building their capacity to realize their promise.

49. The proposed assistance to this sector is in the amount of $22 million, of which $7 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

50. As recommended by the PRSD mission, UNFPA support in this sector would focus on the estimated 13.9 million women of reproductive age, in particular those most at risk and especially if they are poor. The Fund would also target the husbands of these women as well as youth. The activities directed at youth would employ a life-stage orientation, starting at the primary-school level and continuing through to adolescence and adulthood. Moreover, because of the existence of a well-organized opposition to family planning, UNFPA-supported IEC activities would also focus on influential individuals and groups, in particular the media, legislators and local executives.

51. Activities in the area of population IEC would specifically seek to: (a) increase understanding among students of the complex interrelationship between population and sustainable development, as well as of responsible sexuality; (b) reduce the incidence of pregnancy and fertility-related problems among adolescents; (c) translate the people's relatively high knowledge of family planning into actual practice; and (d) generate support among critical segments of society for the population programme.

52. To achieve these IEC goals, the proposed programme would pursue the following strategies: (a) revitalize the formal population education programme by emphasizing innovative methods and by broadening it to include related issues such as those concerning gender, the environment and AIDS and STDs; (b) provide more timely, accurate and reliable information for couples of reproductive age so that they can make informed decisions; (c) strengthen the links between IEC activities and service delivery; (d) promote adolescent fertility programmes and coordinate them with the non-formal education programmes of public and private institutions; (e) strengthen the population advocacy programmes that target influential groups and individuals; and (f) support an integrated IEC programme that promotes awareness of the dynamic interaction of population, resources and the environment.

53. UNFPA proposes to support the IEC sector in the amount of $5.2 million, of which $2 million would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

54. The primary aim of UNFPA's $500,000 in assistance to this area would be to improve the collection and use of population data in order to make such data more responsive to the evolving needs of planners and programme implementers. Specifically, it would aim to regularize the use of population-related data in development planning; increase the quality of the data generated; and provide research-based information to help improve programme operations. The PRSD mission identified the following needs in this area: (a) to provide technical assistance to help strengthen and decentralize the database; (b) to enhance the institutional capability of concerned agencies; and (c) to support developmental and operations research to address major gaps in data and to help programmes work better. Special emphasis would be placed on advancing the concerns of women and adolescents in all stages of the data collection and analysis process, and on building demographic databases for ecologically critical areas.

55. The proposed UNFPA programme would also seek to improve the quality and maximize the utility of the 10-year programme of the Integrated Survey of Households (ISH), which was developed to generate household-level statistics on a regular basis for use in planning and policy-making and to strengthen the linkages among agencies producing and using such data. The primary aims of UNFPA assistance would be to attain internal consistency in the surveys and to allow for the processing of data at the local level by, among other things, simplifying the core questionnaire, the sampling design and the estimation procedures and by decentralizing database operations.

Population policy formulation

56. UNFPA assistance in the amount of $2.4 million would be designed to promote greater consideration of population factors in policy making and development planning, in particular in efforts to alleviate poverty, enhance the status of women and conserve the environment. A related activity would be to strengthen the capacity of responsible government institutions to accomplish this goal. The strategy employed would be: (a) to step up orientation and training for policy makers and planners, giving greater attention to those from Local Government Units; (b) improve analytical and methodological tools for integrating population factors into development planning; (c) strengthen the research and database on population factors that are pertinent to integrating population into development planning, particularly in the areas of urban and environmental planning; (d) prepare state-of-population or state-of-population-and-development reports for each region and province; (e) use an interagency collaborative approach to implement programme activities; and (f) strengthen POPCOM so that it can effectively carry out its role in the area of policy coordination.

57. The proposed programme would use a three-track approach to help develop a cadre of experts needed to implement such a strategy: (a) train top-level social scientists in the new areas of population and environment; population, women and development; and the more general area of population and development; (b) provide fellowship support to increase the cadre of middle-level social scientists in demography and demographic economics; and (c) develop or strengthen curricula in selected departments of the University of the Philippines, the University of San Carlos and Xavier University.

Population dynamics

58. UNFPA assistance in this area would seek to improve the quality of research on the interrelationship between population and development, including the impact of various population factors on environmental and resource management. The overall aims would be to increase the extent to which population factors are integrated into development planning and to help improve the strategies being used to implement the Philippine population programme. The Fund would provide support in the amount of $700,000 to: (a) conduct research on immediate, medium-, and long-term planning needs; (b) prepare framework papers to guide policy-oriented research to meet policy and planning requirements; and (c) organize joint workshops for planners and researchers to help them formulate research agendas and make better use of research results in population and development planning.

Women, population and development

59. The PRSD mission noted that while women play a highly visible and significant role in the national economy, their overall status is not high and the incorporation of gender concerns into mainstream development remains an urgent need. In addition, the absence of women-specific data has been identified as a constraint in mainstreaming the concerns of women into policies and projects. Furthermore, the sensitizing efforts led by the National Commission on the Role of Filipino Women (NCRFW) have not, as yet, reached down to the regional and local levels.

60. UNFPA's objective in this area is to integrate women's and gender issues into the comprehensive population policy and programme. The larger goal is to contribute to widening women's choices and

opportunities to advance socially and economically. More specifically, assistance to this sector aims to: (a) help mainstream gender and population perspectives into development plans, policies and programmes; (b) strengthen the capability of the progressive women's movement to pursue initiatives to empower women, with particular focus on women's reproductive health; and (c) promote innovative and integrated community-based initiatives to enhance the socio-economic status of women.

61. Strategies to achieve these goals would include: (a) sensitizing policy makers, planners and programme implementers, with greater focus at the local level, in addressing gender issues in policy, planning and project initiatives; (b) mobilizing a pool of experts to backstop planning and training activities; (c) supporting data-generation and research pertaining to women, population and development for use in policy-making and planning; (d) reviewing, and if necessary improving, IEC and training materials used by government extension workers; (e) formulating and putting into operation a national framework for women's reproductive health care; (f) supporting activities to improve the economic status of women in tandem with the provision of health and reproductive care services; (g) providing assistance to the NCRFW and other key government agencies for initiatives to integrate gender and reproductive health concerns into major plans and programmes; and (h) supporting women's NGOs, particularly at the local level, in their capability-building initiatives. The proposed amount of UNFPA assistance is $3.7 million, of which $1 million would be sought from other sources, including multi-bilateral sources.

Programme reserve

62. A programme reserve of $500,000 would be established to support complementary activities, particularly in the areas of women and reproductive health care, as well as in protecting the environment.

Programme coordination

63. The proposed programme effectively coincides with the Government's Medium-Term Development Plan and the Philippine National Population Plan, both of which cover the period 1993-1998. It also coincides with UNICEF's fourth country programme (1994-1998) but will start one year behind UNDP's country programme (1993-1997). UNFPA assistance had been planned to complement that of the other donors, particularly with USAID, whose programme will also cover the period 1994-1998, and with the World Bank, which initiated an urban health and nutrition programme in late 1993 and is expected to coordinate a major women's health and Safe Motherhood project to begin in late 1994.

64. During the current programme cycle, UNFPA has become the focal point for the coordination of donor activities in the population field. It is expected that this arrangement will continue during the period of the proposed programme, while at the same time support would be provided to the Government to strengthen its coordinating capacity. The UNFPA programme would be coordinated through the National Economic and Development Authority (coordinator of all external assistance), POPCOM (coordinator of the national population programme), and the Department of Health (the lead government agency in family planning). UNFPA's proposed programme provides for the strengthening of POPCOM's coordinating capabilities and for the institutional strengthening of the Department of Health at the central and regional levels.

Programme monitoring, evaluation and management

65. While the overall responsibility for the management of the proposed programme would be assumed by the Government, its implementation would be monitored in accordance with standard UNFPA guidelines. Additional monitoring and evaluation criteria, including the establishment of baseline data and the delineation of quantitative and qualitative indicators, would be built into projects during the formulation stage. A mid-term review would be held in 1996 to ascertain whether programme objectives were being met. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical

backstopping capacities, complemented by the UNFPA Country Support Team based in Bangkok, as well as other regional and international sources of technical assistance.

Financial summary

66. As noted in paragraph 1, UNFPA proposes to support a programme of $35 million over the five-year period 1994-1998, of which $25 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $10 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table depicts how the programme areas would accommodate these two levels of funding.

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	15,000,000	7,000,000	22,000,000
Information, education and communication	3,200,000	2,000,000	5,200,000
Data collection and analysis	500,000	-	500,000
Population policy formulation	2,400,000	-	2,400,000
Population dynamics	700,000	-	700,000
Women, population and development	2,700,000	1,000,000	3,700,000
Programme reserve	500,000	-	500,000
Total	25,000,000	10,000,000	35,000,000

V. RECOMMENDATION

67. The Executive Director recommends that the Executive Board approve the programme for the Philippines as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.